	1. TRANSMITTAL NUMBER: 2. STATE:				
TRANSMITTAL AND NOTICE OF APPROVAL OF	01-009 (0				
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
	1861(ss)(a)				
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 1, 2001				
5. TYPE OF PLAN MATERIAL (Check One):					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
Carting //E/ of BBA: 1002(a) CCA	a. FFY \$ b. FFY \$				
Section 4454 of BBA; 1902(a) SSA 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION				
C. PAGE HOMBERTON THE PERFORMANCE OF THE PERFORMENT	OR ATTACHMENT (If Applicable):				
Pages 8 and 9	Pages 8 and 9				
Attachment 3.1 A	Attachment 3.1 A				
" 3.1 B	" 3.1 B				
10. SUBJECT OF AMENDMENT:					
Coverage of Religious Nonmedical Health Care Ins	stitutions				
11. GOVERNOR'S REVIEW (Check One):					
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	CMS Transmittal 01 - 02				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
(1.8/1° (b))	Jeanette Hensley, Manager				
13. TYPED NAMÉ:	Acute Care Benefits Section				
Richard Allen	1575 Sherman Street, 5th Floor Denver, CO 80203				
14. TITLE:	Denver, 00 00205				
Director, Office of Medical Assistance					
15. DATE SUBMITTED:					
EDETRECHOURS OF	EGRISTION V				
FADAUERECEMENT	THE BATE APPROVED SEC. Sec. 1995				
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PERCENTINE CONTRACTOR OF THE PERCENTINE CONTR	Commercial and the second seco				
Company of the Compan	And the Action have the third. Admin structure				
23. FEMARKS.					
EMPHARES RESIDENCE OF PROPERTY IN THE					

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June 2001

ATTACHMENT 3.1-A

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OMB No.: 0938

State/Territory:			

AMOUNT DUDATION AND SCORE OF MEDICAL AND

	REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY						
	24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.						
a.	a. Transportation.						
	/ <u>X</u> /	Provided:	/_/ No limitations	$/\overline{X}$ / With limitations*			
	//	Not provided.					
	b. Services provided in Religious Nonmedical Health Care Institutions.						
	//	Provided:	/_/ No limitations	/_/ With limitations*			
	/ <u>X</u> /	Not provided.					
c.	c. Reserved						
d.	d. Nursing facility services for patients under 21 years of age.						
	/ <u>X</u> /	Provided:	/ X/ No limitations	/_/ With limitations*			
	//	Not provided.					
e.	Emer	gency hospital services.					
	$/\overline{X}/$	Provided:	$\sqrt{\underline{X}}$ / No limitations	/_/ With limitations*			
	/_/	Not provided.					
f.	f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.						
	//	Provided:	/_/ No limitations	/_/ With limitations*			
	/ <u>X</u> /	Not provided.					
* Description provided on attachment							
FIN No. $0/-009$ Supersedes Approval Date $10/35/01$ Effective Date $09/01/01$ FIN No. $93-3$							

Revision: HCFA-PM-01-01-02 ATTACHMENT 3.1-B June 2001 Page 8 OMB No.: 0938-State/Territory: AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): ___NONE 22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.) / / No limitations / / With limitations* / / Provided: / / Not provided. Any other medical care and any other type of remedial care recognized under State law, specified 23. by the Secretary. b. Transportation. /_/ No limitations / / With limitations* Provided: Not provided. b. Services provided in Religious Nonmedical Health Care Institutions. / / No limitations Provided: / / With limitations* Not provided. c. Reserved d. Nursing facility services for patients under 21 years of age. / / No limitations / / With limitations* Provided: Not provided. e. Emergency hospital services. / / No limitations Provided: / / With limitations* Not provided. f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse. / / No limitations Provided: / / With limitations*

* Description provided on attachment

Not provided.

TN No. 01-009 Supersedes

TN No. <u>87-13</u>

Approval Date 10/25/01 Effective Date 09/01/01